

Communication Corner

Dealing With Problem Behaviors Associated With Alzheimer's Disease

The long second stage of Alzheimer's Disease (AD) is often characterized by difficult behavioral changes. This is also the time that most families seek nursing facility care. Successful facilities and nursing facility staff learn to adapt the facility environment and to individualize the approach to each resident, rather than attempting to change the resident's behavior.

Residents with Alzheimer's disease (AD) do not deliberately become irrational, stubborn, suspicious, or angry. In fact, their anger toward staff is rarely meant for the staff. Many of these seemingly irrational angry episodes are due to changes within the resident that he or she finds difficult to describe in words.

While residents with AD may not behave like well-functioning adults, most retain adult feelings of shame and embarrassment. The approach to the resident must respect these adult feelings and protect the resident from failure or embarrassment. Protecting the resident also protects his or her family, friends, or visitors from undue embarrassment.

As residents with AD become progressively more unsure of their surroundings or of what is expected of them, they become more dependent on staff and family for reassurance and security. As they lose the ability to understand their surroundings, many residents with AD fear being left or forgotten. Therefore, all approaches to specific problem behavior should have the following general goals:

- Promote resident/family security. Reassure the resident that family knows where he or she is and that staff is there to help him or her. Reassure family that staff will consistently repeat what the patient needs or wants to know as needed.
- Celebrate the parts of the intact resident that remain. Do not be overly concerned with the bad days or unrealistically encouraged by good days.
- Reassure sustained care. "We won't leave you here where your family cannot find you!"
- Substitute for resident's lost adult abilities. "We'll make sure that your parent puts on clean clothes and not the same outfit each day."
- Make up for the resident's lost impulse control. Head off, redirect, or divert the resident. Do not ask twenty questions while the resident is upset.
- Model more helpful techniques which show respect for the resident's adult feelings.

Source: Lisa P. Gwyther, ACSW, Care of Alzheimer's Patients: A Manual for Nursing Home Staff. Adapted and Reprinted with permission from the American Health Care Association and the Alzheimer's Association.

The Communication Corner addresses information on dementia and dementia-related diseases. Please address comments to ythom1@co.fairfax.va.us

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